

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DadeRegistration District No. 237Township CenterPrimary Registration District No. 4144City Greenfield, Mo. (No. 1)St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St. Mo.Ward. 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Mary E. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 15, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69329

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Polk Co. Mo.

FATHER

13. NAME

Richard Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Alabama

MOTHER

15. MAIDEN NAME

Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arkansas

17. INFORMANT (ADDRESS)

Mrs. B. Ellis, Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carroll Chapel DATE Nov. 16, 1937

19. UNDERTAKER (ADDRESS)

J. W. Ward, Greenfield, Mo.

20. FILED

11-16-1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 14, 193722. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937, 1937, to Nov. 14, 1937, 1937I last saw him alive on Nov. 14, 1937, 1937. Death is saidto have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis, passed anasarca

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1937Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) Robert Connors, M. D.(Address) Greenfield, Mo.

130

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

375-18

Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 237
(b) Township Greenfield Primary Registration District No. 4144
(c) City Greenfield (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Viriam Johnathon Smith
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1868

7. AGE YEARS 69 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE , 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-21 1937 Leg Bonnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h. alive on , 19 . Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

acute nephritis and
arteriosclerosis
valvular incompetence
aged

Other contributory causes of importance: chronic history of appendicitis
signs of chronic nephritis
and chronic incomplete thrombosis
of both legs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Bonnell, M. D.

(Address) Greenfield Mo

